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TO INCREASE RAPIDLY IN WEIGHT.—Take the Tonic Dose, as directed, and adopt the free use of new milk in addition to the regular food.

TO SUSTAIN MENTAL EXERTION.—Mix two teaspoonfuls in a tumblerful of cold water, and drink small quantities occasionally during the hours of intellectual work.

TO GIVE POWER TO THE VOCAL CHORDS.—Take the Tonic Dose fifteen minutes before singing or lecturing.

Where *mucous expectoration* is difficult, the Tonic Dose repeated every two hours will effect its removal with very little effort.

TO PREVENT RECURRENCE OF NIGHT SWEATS.—Take the Tonic Dose at each meal and at bed-time. The contractile power is imparted to the nerves, which are connected with the sweat glands.

TO PREVENT SWEATING HANDS AND FEET.—Take the Tonic Dose as directed, avoid undue excitement, and occupy the mind with pleasant unwearying pursuits.

FOR CONVALESCENCE from Typhoid and other low Fevers, and Debility from residence in hot or malarial localities, employ the Tonic Dose.

TO STRENGTHEN AND DEVELOP NURSING INFANTS.—Let the mother take the Tonic Dose as directed with the food.

TO PROMOTE SLEEP.—Take the Tonic Dose before eating. This applies particularly to sufferers from shortness of breath.

NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, FINDS THAT NO TWO OF THEM ARE IDENTICAL, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen, when exposed to light or heat, IN THE PROPERTY OF RETAINING THE STRYCHNINE IN SOLUTION, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing, to write "Syr. Hypophos FELLOWS."

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles: the distinguishing marks which the bottles (and the wrappers surrounding them) year can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

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MAY, 1900

Original Communications.

THE REMOVAL OF THE FIBROID UTERUS BY THE ABDOMEN, WITH REPORT OF TEN SUCCESSFUL CASES.*

(*Author's Abstract.*)

By A. LAPTHORN SMITH, B.A, M.D., M.R.C.S., ENG.,

Fellow of the American and British Gynecological Societies; Professor of Clinical Gynecology in Bishop's University; Gynecologist to the Montreal Dispensary; Consulting Gynecologist to the Women's Hospital; Surgeon-in-Chief of the Samaritan Free Hospital for Women; Surgeon to the Western Hospital, Montreal, Canada.

Twenty years ago he was strongly opposed to operative treatment of fibroids on account of the high mortality then prevailing among the best operators. Ten years ago he became a strong advocate of Apostoli's method of electrical treatment by which he had cured the hemorrhage permanently in sixty-three out of a hundred and two cases in ten years. Eight years ago Price lowered the mortality enough to induce him to operate in certain cases with the serre noeud. Baer farther reduced the mortality, and he adopted his method and operated oftener. Three years ago Pryor perfected an ideal method which has almost no mortality, and which he (Lapthorn Smith) had adopted, and to which he gave the preference over all other treatment in every case of fibroid suffering enough to consult him. He claimed that he had acted consistently throughout, being guided by the one test question, "What is the mortality?" In his last ten successive cases, seven last year and three this year, all had recovered. Therefore the operation

* Read before the American Gynecological Society at Washington, May 1, 1900.

was now almost devoid of danger, while it was absolutely effective. Pryor's method is by far the best, and to it the author believed was due the absence of mortality in these ten cases. The great advantage of Pryor's method is that we begin on the easy side, and, after securely tieing the ovarian, round ligament and uterine arteries, and separating the bladder, we cut across the cervix and roll the tumor out, thus obtaining plenty of room to tie the arteries from below upwards. Another great advantage of this method is that there is much less danger of injuring the ureters. This accident is most likely to happen on the most difficult side, that is the side where the tumor fills all the space between the uterus and the wall of the pelvis. But it is precisely on this side that the tumor is dragged away from the ureter while it is being rolled out, and, by the time that it becomes necessary to cut anything on that side, the ureter is at least two inches away and quite out of danger. Doyen's method has this advantage on both sides, because he pulls the tumor off the bladder and ureters, and from the first cut he is getting farther and farther away from the bladder and ureters. But Doyen's has the grave objection of opening the vagina, and thereby increasing the time of anesthesia, the loss of blood and the risk of infection, besides the aesthetic one of shortening the vagina. The author lays even greater stress than Pryor does upon the importance of feeling for each individual artery, and tieing it before cutting, and then putting a second ligature on it, as the first one may loosen after the tension of the tumor has been removed. He also strongly advises chromicised catgut prepared by each operator himself, or else red cross cumol catgut prepared by Johnson, of New Brunswick, N.J., which he has found reliable. Besides the six principal arteries there are two small arteries which require tieing on each side of the cervix. There is no need of disinfecting the stump beyond wiping away the little plug of mucus; but the cervix should be hollowed out so as to make anterior and posterior flaps which are securely brought together before sewing up the peritoneum. The omentum, if long enough, should be brought down to meet this line of suture, thereby preventing the intestine from sticking to it or to the abdominal incision,

The author is opposed to leaving the ovaries and tubes, although he admits that in young women by so doing the discomfort of the premature menopause is avoided. But in the majority of cases the appendages are diseased, and we run the risk of the whole success of the operation being marred by leaving in organs which will sooner or later cause more symptoms than did the fibroid itself. His experience of leaving in ovaries, or portions of ovaries, has been most unfortunate, having received no thanks for his conscientious endeavors, but a great deal of blame for having failed to cure the pain, which, in the patient's estimation, was much more important than the tumor.

He was also much opposed to myomectomy; the operation was quite as dangerous as hysterectomy; there was very seldom any reason for it, most of the women who have fibroids being unmarried or at an age too advanced to raise children to advantage or having passed the child-bearing age altogether. After submitting to such serious operation the patient had a right to be guaranteed against a second or a third one for the same disease. So many women have been disappointed by these incomplete or so called conservative operations that their friends who really could be cured by an operation hesitate to undergo it. He would make an exception of course in case of there being apparently only a single polypus no matter how large or a single pediculated subperitoneal tumor.

He held the opinion that all fibroid uteri should be removed as soon as discovered, because the woman with a fibroid is liable not only to hemorrhage, which may not be great, but to reflex disturbances of digestion and circulation. Besides, every day it grows, its removal is becoming more dangerous, and the chances of its becoming malignant are greater.

He was opposed to a preliminary curetting, because it was unnecessary, and, second, because when done it was seldom done effectually; having examined in a foreign city a fibroid uterus immediately after removal which had been curetted just before, he had found only about a twentieth part of the uterine mucosa removed.

He was strongly opposed to vaginal morcellement which is not to be compared with Pryor's method. It is much more dangerous, much more difficult, and keeps the patient a much longer time under the anaesthetic. The operation is carried on in the dark, and the ureters are frequently wounded, while complications such as adhesions of the vermiform appendix, and tears off the intestine which are easily dealt with by the abdomen, and the patient in the Trendelenburg posture is almost impossible to manage when working from the vagina. Moreover, nearly all women with fibroids are nulliparous, and the vagina is consequently narrow; they are nearly all elderly, and the passage is consequently inextensible. No more unsuitable class of patients could therefore be chosen for this most difficult vaginal work. The author strongly advises the closure of the abdomen with through and through silk worm gut left in for three, or, better still, four weeks. If not tied too tightly, and if dressed with boracic acid in abundance, the one dressing or at most two will suffice from the beginning to the end of the case. Besides they can be passed very quickly, thus saving ten minutes in the duration of the anaesthesia.

248 Bishop Street.

VALEDICTORY.

To the graduating Class delivered at the Annual Convention, held in the Synod Hall, Montreal, 26th April, 1900.

By Andrew Macphail, B.A., M.D.; M.R.C.S., Eng.; L.R.C.P., London.

Professor of Pathology, University of Bishop's College.

Mr. Chancellor, ladies and gentlemen,—But it is to you, graduates, that I direct myself, being chosen by my colleagues to address to you a word of farewell, and if I import into the task something of what I feel, it is because this is an occasion differing essentially from the meetings of the class-room or the examination hall. Our relations are changed. There, it was our place to speak with authority, not with the authority of office, but in virtue of possessing a little more knowledge than you. I say a little more, because in com-

parison with the whole mass the difference between our attainments is not so great as the incautious might suppose. There was a time when teachers pretended to teach, ex cathedrâ, but that time passed away with the written lectures which did duty from year to year. The scientific heresy of to-day is the common sense of to-morrow, and all we have striven to do is to set the subjects in order before you that you might see them as they are, or at least as we conceive them to be, remembering that the order and material is subject to instant change, that the things which are according to our knowledge are continually passing into uncertainty, that the things which can be shaken are passing away to make room for those which cannot be shaken, the things which are true.

This occasion is too serious for vaunting ourselves upon our own facilities for teaching, or depreciating the facilities which others possess. We are all engaged upon the same work, and any one who casts stones at his neighbor is more fitted for casting stones than for the serious business of teaching. We are a small school, but it is a new doctrine that efficiency goes with numbers, either of teachers or of students. With us it is a labor of love. We teach because we like it, and we only ask to be left alone to practice our harmless amusement in our own way. Yet at home and abroad we see our school, its future full of promise, occupying the same official rank as others, and, best of all, our graduates maintaining their place in learning and in practice. You are now sharers in this burden.

I lament that I do not see before me all of those who were an inspiration to us in the class-room. A teacher is more dependent upon you than you are on him. To the missing ones, I have this to say : We did it through kindness, we thought there was something more you could profitably learn ; something more we would gladly teach you.

It is now too late to talk to you specifically of your work or of your leisure. If in the last four years we have failed to impress upon you habits of industry, you will not learn them from anything I can say, but if you have love for your fellow men, you will be industrious in their service. It is of your leisure I would say one word. Do not waste your time

on that kind of reading which results in acquiring ideas which bind instead of feed you. In the too current medical literature, you get only the froth and scum. It would be better for you and your patients if you were to be reading Montaigne's Essays for example, than all the medical journals published on this continent the last year.

Meeting in this Synod Hall reminds me that for more than a generation the contest has raged between those who stood for science and those who stood for what they called religion; the fools on one side crying, "There is no God," the fools on the other side crying, "There is a God, and we know all about Him." All this has passed away and the small voice is prevailing over the tumult, the voice of wisdom proclaiming that it is all an affair of the heart, a thing for the individual, a matter of character, that after all the principal thing is kindness. And this practice of medicine above all other professions affords you occasions of exercising kindness. Look at those who are kind to the outpatients; they are the real physicians, whose names will be held in remembrance, and, if you see a man jocular or cynical or austere with the outpatients, that is a man who is a brawler and a stirrer up of strife in his own household. The man vain of his attainments; jealous for his own glory and suspicious of his own fellows is more fitted for the street than for the bedside.

Therefore, I adjure you to go quietly; to walk humbly, living your own life, striving to educate yourselves, to raise yourselves out of the class in which we are all prone by nature to lie; not to be concerned about the outward things which lead to luxury, but to kindle a flame within yourselves and you will thereby be a light to the place in which you are, by having light in yourselves, above all, striving to make it prevail by its steady burning and not by blowing it with wind. Then you will not fret yourselves over the man who is sleek of manner and smooth of tongue, over the man who has the latest scientific word in his mouth, the man who alone can heal, and that only because he was called in time; all these are the brood of the Seventh Son; they flourish and have had their reward.

In addressing you I feel as if I were taking part in some solemn rite, a ceremony by which you are being adopted into our number, by which you are made partakers in the responsibilities and the privileges of a special caste. And this is literally exact. In the beginning, as Spencer proves, the priest and the physician were one ; in the highest sense this is still true, as true as the connection between moral fault and disease is intimate.

I would have you remember that the meaning of all this ceremony is that you are now accredited as healers of the sick, and any medical teaching which aspires to make anything else, to make pathologists, physiologists or chemists, is missing the mark. If any of you have an interest in these things apart from their bearing upon the healing of the sick, it is as if you were dealing with any other business, like heraldry or the counting of coins. There is a proper scientific study of those subjects cognate to medicine, but the glamor that has been cast over them is apt to blind you to your real mission. Of these subjects you must know something though you need not aspire to be handworkers in them. You must come to them continually for direction, else you will lose your way in the dark and waste your effort in empty speculation. I am not forgetful of the value of the work that has been done by men whose amusement and interests lie in discovering truth, but the discovery of truth is a different matter from the healing of the sick. After all these discoveries, we cannot do everything by their means. Read your text book in medicine in a new light, and note how page after page contains the melancholy words, "uninfluenced by treatment," "drugs are of no avail," "runs its course irrespective of medication." Yet drugs are not the only nor even the finest weapons in our armory. The lowest member of our class is the giver of drugs. You cannot cure disease any more than you can cure the autumnal flush on a hillside of Canadian maples. It is as "natural" to die as it is to live, and our scientific medicine consists for the most part in observing the phenomena which ends in death, the process by which the dust which we are returns to the dust from which we came. But there is the supreme thing yet you

can do; you can be the bearer of light and happiness and calmness, a messenger of peace to those who are in pain. The greatest healer was the greatest teacher. It was through works of mercy He brought the truth home to men, and having regard to what I have called the intimacy between moral fault and disease, what does it matter whether the message be, "Thy sins be forgiven thee," or whether it be, "Arise and walk."

Progress of Medical Science.

MEDICINE AND NEUROLOGY.

IN CHARGE OF

J. BRADFORD McCONNELL, M.D.

Associate Professor of Medicine and Neurology, and Professor of Clinical Medicine University of Bishop's College; Physician Western Hospital.

THE HYDRIATIC TREATMENT OF HYPERCHLORHYDRIA.

Olsen, in *Modern Medicine*, for December, reports a case of nervous hyperchlorhydria, a man aged 26, treated by means of the hot and cold trunk pack in conjunction with other hydriatic measures; the patient making a rapid recovery.

The following is an outline of the treatment:

Fomentations to the stomach and bowels with a hot foot bath, spray and general faradization twice a week; electric light bath two to five minutes, salt glow and spray twice a week; hot and cold trunk pack, and cold friction sponge twice a week; mechanical Swedish movements, including vibration, kneading, friction and percussion half an hour daily; specially prescribed gymnastic exercises half an hour daily. His diet consisted of toasted breads, such as granose, zwieback, wholewheat wafers, rolls, etc., with mild fruits, especially stewed California prunes and steamed figs, also especially prepared nut foods. Of the nut foods, malted nuts and protose gave excellent results in this case. An hour's moderate outdoor exercise was taken daily. At the end of two weeks the patient still complained of some epigastric pains, although not as severe as before. The bowels were now regular.

At this time the bathroom treatment was changed to the following: Hot and cold trunk pack, salt glow and spray three times a week; hot and cold trunk pack, hot and cold percussion douche to the spine, talcum powder rub, thrice a week. Within a week the gastralgia and flatulence disappeared, and the patient made a rapid recovery. The bowels were regular, and there was a marked gain in strength and weight.

In cases of hyperchlorhydria the writer has found the hot and cold trunk pack an excellent means of decreasing the amount of hydrochloric acid secreted.—*The Charlotte Medical Journal.*

THE RELATIVE INTENSITY OF THE SECOND SOUND AT THE BASE OF THE HEART.

Creighton, in the *Medical Record* for January 13th, gives the result of a study of 1,000 cases.

The pulmonic sound was the louder in 291 cases, the aortic in 486 cases, and the two were of equal intensity in 223. The cases were from 10 to 29 years old.

She concludes that accentuation of this pulmonic second sound is almost invariably in young children and frequent in youth.

After the fortieth year of life, the reverse is the case, and it is then rare to find a pulmonic second sound as loud as the corresponding aortic sound.

Between the ages of twenty and thirty years there is no marked accentuation of either sound.

In view of the above facts, it is obvious that when one speaks of an accented pulmonic second sound as corroborative of a diagnosis of heart disease, such accentuation must mean an increase in the loudness of the sound over that normally to be expected at the age of the patient in question. A comparison with the aortic second is not sufficient to settle the question.

Further, when we speak of an aortic second sound as accented, we must mean (in case of a patient over forty years) more accented than it formally is. Once more, the simple comparison with the pulmonic second sound will not settle the question. The comparison must be with an ideal standard carried in the mind.

In interpreting the meaning of an accentuation of the pulmonic second in suspected mitral stenosis, one must bear in mind the age of the patient. The presence of a pathological accentuation of the sound can be determined only in re-

lation to the degree of accentuation which is to be expected at the age of the patient in question.—*The Charlotte Medical Journal.*

THE FUTURE OF APPENDICITIS CASES.

E. J. Cottier (*Revue Mensuelle des Maladies de l'Enfance*), in examining the ultimate results in 86 appendicitis cases treated by Broca, ranging in age from a few months to fifteen years, divides them into three classes: (1) Patients not operated on; (2) patients operated on during an acute attack; (3) patients operated on in the afebrile period. Cottier's aim is to show by analysis of Broca's statistics that the latter is justified in taking a position against immediate operation in every case, and against searching for an appendix which is at the bottom of a purulent-cavity. Of these (*a*) 19 went out without operation: of the 19, 5 returned after a fresh attack, and were operated on in the afebrile period; 13 had no pain after the operation, and remained well; 1 had slight colicky pains. (*b*) 47 were operated on during the acute attack; 1 for general peritonitis. The appendix was removed from only 3. Of these 47, 28 had no trouble afterwards and remained in perfect health; 4 went out with a fistula, and were subsequently operated on and remained in perfect health. (*c*) 30 operated on during an interval (8 of them had been operated on previously during an acute attack). At the time of writing, all 30 were in perfect health; 3 showed slight separation of the muscular walls, and a slight impulse on coughing. (*d*) 3 died of intestinal obstruction, due to peritoneal bands, at intervals of eight months, one month and seven months after operation; one of these was not operated on in the first place by Broca. Two were suppurative cases, showing how adhesions were the cause of accidents: one of these was an operation in the acute stage for abscess; one was operated on in the afebrile period, but in this the extent of the suppuration necessitated drainage, and a temporary fœcal fistula occurred. All the patients were seen again from six months to five years after they left the hospital.—*Treatment.*

TREATMENT OF NEURASTHENIA.

The close contact of physician with patient is of extreme importance in the cure of neurasthenia, according to O. Dornbluth (Munch. med. Woch., January 16, 1900). A thorough physical examination will awaken confidence and

prevent errors of diagnosis, and the patient should be informed of the true character of his disorder. The most important rule is to keep the patient in bed and absolutely at rest from one to six weeks, depending on the severity of the case. Where this is impossible, the recumbent posture should be assumed during all leisure moments. Strict dieting is not necessary; even coffee and tea may be allowed, but alcohol is to be strictly interdicted. Even when nervous dyspepsia is present the regular plan of feeding five times daily at intervals of two and a half to three hours is admissible, but when great irritability of the stomach dominates the clinical picture, the diet should be similar to that for gastric ulcer, or solid and liquid food alternately every one and a half hours may be given. To quiet the nervous system the best results were obtained by applying cloths wrung out in water at 59 deg. F. to the abdomen and covering these with flannel, or by giving a bath at 81-88 deg. F. with the tub but half filled, for four minutes. Massage is not to be resorted to, but general faradization with weak currents is excellent. As for drugs, a depreciated condition of the blood demands iron, preferably in organic form, while, for the severe manifestations of the disease codeine acts almost as specific. In selecting sanatoria, especial care is necessary to choose such which really meet the indications.—*Medical News.*

THE HOSPITAL TREATMENT OF MELANCHOLIA.

Babcock, in the *International Medical Magazine* for January, discusses the treatment of acute and curable forms of melancholia.

He divides the curable forms into acute, agitated and stuporous.

The first indication is to combat sleeplessness, and this is done by the scientific use of massage, static electricity, cold baths and sponges, and well regulated outdoor exercise, leaving a very limited field for the use of hypnotics.

The second indication is to keep the patient well nourished. Salines and intestinal antiseptics should be administered with the first food given artificially. For forced feeding give three eggs, four ounces of expressed meat juice and one quart of milk twice daily.

Lavage, careful attention to the bowels, constant nursing, alteratives and excito-motors as quinine, strychnine or nuxvomica, iron, arsenic, coca, hypophosphites and bitter tonic are indicated.

Opium should not be used except cautiously in the agitated form.

Melancholia with stupor should be treated as above with special attention to the eliminative functions. Weir Mitchell's rest cure is applicable in this form. The cold pack for sleeplessness.

The thyroid extract should be tried, remembering that in many cases no mental improvement occurs until the thyroid has been discontinued, when a mental and physical reaction takes place which does not cease until convalescence is well established.—*The Charlotte Medical Journal.*

INTRA-AURAL APPLICATION OF CHLOROFORM IN TRIGEMINAL NEURALGIA.

The author describes the method of application as follows:

"Taking two small pledgets of cotton wool, which I soaked with chloroform and then wrapped up separately in more cotton wool, I placed them just inside of the external auditory meatus. In about 30 seconds the patient complained of a burning sensation, and as this increased the headache decreased, and in another 30 seconds disappeared for good."

With the aid of his assistants, the author succeeded in curing over 500 cases of trigeminal neuralgia by this method. He gives the detailed histories of 18 cases.

In conclusion, the author states that his own experience of the effects of chlororom teaches him:

1. That it rarely fails to give even temporary relief, and only twice aggravated the pain.

2. That it is only a pallative in neuralgias due to fever or dental caries, and in some cases of inflammatory origin, but it is a curative in very many cases of inflammatory, reflex and inexplicable origin and in cases due to anemia, insomnia, and exposure to the sun or to cold.

3. It removes all manner of uncomfortable sensations from the trigeminal area, and is probably the best remedy for neuralgias in neurotic persons who cannot bear internal medication.

4. As one application usually suffices to cure pain that has lasted from a few hours to a few weeks in over 50 per cent. of head and face aches, it ought, I think, to be the first remedy to be tried in all such cases. (S. C. Bose, *Indian Med. Rec.—The Post-Graduate*).

TRACHEAL DIASTOLIC SHOCK IN THE DIAGNOSIS OF AORTIC ANEURISM.

The author points out the value of the tracheal tug in the differential diagnosis of intra-thoracic and aortic aneurism. It must not, he says, be confused with an up-and-down pulsation of the trachea, which normally occurs in many healthy individuals, and accompanies other diseases. In such, however, there is not the distinct diastolic shock (due to the transmission of, or originating at the time of, the closure of the aortic valves), which, traversing the aneurism, is manifested by a distinct sharp impulse following the tracheal tug at the same intervals as that between the apex beat and the closure of the aortic segments. The author details four cases in which the sign was clearly present, and in which necropsy or after-events proved the diagnosis to be correct. The crucial test of the value of the sign, says the author, should be in differentiating aneurism from solid thoracic tumor in cases not involving the chest-wall. We must conclude, however, that if diastolic shock is of value, as it certainly is, in establishing the diagnosis of aneurism in case the tumor is accessible to palpation, it should be of equal value in case no palpable tumor exist if transmitted through the vascular tumor to the trachea.—(Dr. J. N. Hall, *Am. Jour. Med. Sc.* —*The Post Graduate*).

DILATATION OF THE STOMACH.

The author's conclusions are as follows:

1. The symptoms upon which most reliance can be placed in determining the presence of gastric motor insufficiency are: *a.* The presence of fluid and food in the stomach fasting over night; *b.* the ready entrance of fluid through the tube and difficulty in the return flow; *c.* the absence of visible gastric peristalsis; *d.* evidences of fermentation and intoxication by the products thereof; *e.* thirst, and *f.* scanty and concentrated urine.

2. In determining the position and size of the stomach, by far the most certain method has been inflation by air through the stomach-tube; ascultatory percussion, Dehio's method, and determining the capacity of the stomach by the amount of water required to produce a sense of fulness, while signs of value may lead to error.

3. It may be inferred from the somewhat small number of cases reported by the authors that the condition is not uncommon in students. An analysis of the etiological factors is as follows: *a.* Myasthenia caused by chronic gastritis from abuse of alcohol and tobacco, four cases; *b.* myasthenia from

deficient innervation, two cases; *e.* myasthenia, probably of congenital origin, one case; *d.* myasthenia occurring in the course of acute disease, one case.—Drs. Musser & Steele, *Am. Jour. Med. Sc.—The Post Graduate.*

DIET IN ACNE.

The well-to do (Dr. Jackson, in "Manual of Diseases") are prone to eat too much, and it is remarkable how rapidly their acne will improve by reducing their diet to the simplest elements. In many of them a milk diet—provided milk agrees with them—will accomplish a marked benefit. On the other hand, says the Columbus *Medical Journal*, many young girls almost starve themselves under the mistaken idea that a low diet will give them a fine complexion. Nothing could well be less true than this. Especially is there a prejudice against butter. The old explanation that skin eruptions were mainly due to the use of too much butter still remains absolutely true for most non-medical people, and even for some medical men. That butter should be used freely, and that cod-liver oil and iron are the only drugs required in many cases, as Dr. Jackson insists, would to these good old conservatives seem rank heresy. It is evident that more definite ideas as to the diathesis that underlies the etiology of acne have been acquired, and that the dietetic management of it, rather than any empiric use of vaunted specifics, constitutes the most modern therapeusis of this extremely frequent and bothersome condition.

MEDICINAL PROPERTIES OF ONIONS.

Onions are a kind of all-round good medicine (*Winnipeg Lancet*). A whole onion eaten at bedtime will, by the next morning, break the severest cold. Onions make a good plaster to remove inflammation and hoarseness. If an onion is mashed so as to secure all the juice in it, it will make a most remarkable smelling substance that will quiet the most nervous person. The strength of it inhaled for a few moments will dull the sense of smell and weaken the nerves, until sleep is produced from sheer exhaustion. It all comes from one property possessed by the onion, and that is a form of opium.

TREATMENT OF NIGHT SWEATS OF PHTHISIS BY FORMALDEHYDE.

The good results of treatment by this drug seen in cases of hyperidrosis and bromidrosis caused Hirschfeld of Berlin.

to try its action for phthisical sweats. He now recommends it highly. Because of its power of penetrating the skin, he uses an alcoholic solution, as follows :

℞ Formaldehyde, 40 per cent.
Spiritus abs.....aa ʒ ij.
M.
Sig. External use. Apply on swab.

Only one part of the body is treated at one sitting ; the shoulders and arms, for instance, on the first day ; the lower extremities on the day following, and the trunk on the third. From 1 to 2½ drachms of the solution is used each time. By following this method, toxic absorption and excessive irritation of the ocular and respiratory mucous membrane are alike avoided. If, nevertheless, a fit of coughing should be provoked, the application should be made very rapidly and the part covered at once. Cotton wet with spirits of turpentine can be held in front of the nose and mouth of a sensitive patient. The treatment is not painful only a momentary burning sensation being produced. Newly-formed epidermis, excoriations and mucous surfaces should, of course, be avoided. The effect of the application lasts from five days to a month—as a rule, from one to two weeks. The sweats cease meanwhile, and as no injury is caused by the treatment, it can be resumed whenever necessary.—*Med News.*

SPRING COUGHS.

Dr. George Brown, Eye, Ear, Nose and Throat Specialist, of Atlanta, Ga., in a timely article in *Moody's Magazine of Medicine* said —"Nothing is more annoying to a patient than a perpetual tickling cough. Whether the immediate cause be marked or mild, if allowed to continue the results are almost sure to be more or less serious. The paroxysms initiate untoward reflex impressions, augment the local disturbances ; and by interfering with the patient's rest depress the vis vitae, making the sufferer readily susceptible to the inroads of other attacks. As practitioners are aware, tickling coughs are particularly numerous and stubborn during the spring and fall. It is well, therefore, at such times to prescribe that which will be sure to relieve without unpleasant after-effects. In nine cases out of ten Antikamnia and Codeine Tablets will be found almost a specific. The well-known analgesic properties of Antikamnia act excellently and synergetically with the physiological effects of Codeine, which has a marked salutary selective influence on the pneumogastric nerve, making this combination one of the most valuable in medicine."

RHEUMATIC GOUT.

In addition to dietetic, hygienic and hydrotherapeutic measures, Dr. B. C. Loveland (*New York Medical Journal*, March 3), has found sodium salicylate and potassium iodide most useful. Five grains each of sodium salicylate and sodium benzoate, given in a glass of hot water three times a day, has a very good effect and is well tolerated. Potassium iodide is of great service in some cases; in others sodium bicarbonate will do as well as anything if given in repeated doses well diluted. When the alkali most suitable for the individual patient is found, it should be continued for three months steadily, then three weeks out of four for another three or six months.

TREATMENT OF WHOOPING BY PHENOCOLL.

M. Uargus, of Barcelona, first tried phenocoll in 1895, and derived from it very good results. I have used it, too, in seven children who were attacked with whooping cough during measles. In all there was marked and rapid improvement. The remedy diminished the frequency of the attacks and their intensity; the nocturnal attacks especially were less frequent, and the total duration of the disease notably lessened. The dose administered was from one to two grammes daily. M. Fabistocherski has had like success in forty cases at the Hospital "St. Olga." Without being a specific remedy, phenocoll offers real advantages in whooping cough, and should always be resorted to when other remedies, particularly morphine, are contraindicated, especially in some children, in whom the disease is often dangerous. There are no inconveniences attending its use.—*Med. Rev. of Reviews.*

NITRIC ACID.

As an internal medicament nitric acid has its own peculiar place, and we use it quite often. The marked redness of and slick mucous membranes, indicating the use of an acid, are not only present, but there is besides a very marked purple or violet tinge. The late Prof. Scudder laid great stress upon the color when writing of nitric acid and of baptisia. It may be used in any disease when these indications prevail. It is said that a too long use of nitric acid causes hypersecretion of saliva.

Nitric acid has frequently a very pleasant effect in malignant typhoid fever, diphtheria, scarlet fever, etc. It brings about changes that directly or indirectly favorably influences

A SUPERIOR IRON PILL.

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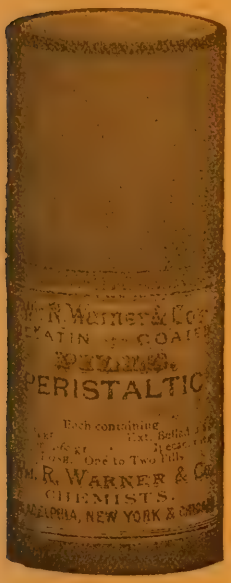
...Pil. Chalybeate...

Easily assimilable form of Ferrous Carbonate. Useful in

Anemia
Chlorosis
Phthisis

We claim there is no superior method of prescribing iron than by Pil. Chalybeate and Pil. Chalybeate Comp. We have combined Ferri Sulph. 1½ grs. and Potass. Carb. 1½ grs. so that upon disintegration of the pill in the visceral fluids, the contents are released as protocarbonate of iron, one of the most assimilable forms of this remedy. They are pills requiring skilful manipulation during their manufacture on account of possible oxidation. An iron pill that oxidizes while being prepared is of very little value. To distinguish the value of an iron pill, dissolve it in water. A light green color indicates protocarbonate, while a reddish brown denotes the ferric salt, decomposed by oxidation.



FORMULA.

℞--Aloin, ¼ gr.
Ext. Bellad, ⅛ gr.
Strychnine, 1-60 gr.
Ipecac, 1-16 gr.

Dose—1-2.

PIL: PERISTALTIC

(W. R. WARNER & CO.)

FOR

CONSTIPATION, BILIOUS DISORDERS.

SMALL, EFFICACIOUS, EFFECTIVE.

NO GRIPING, NON-IRRITATING TO HEMORRHOIDS.

PIL: PERISTALTIC (MERCURIAL).

Same formula as Pil: Peristaltic with 1-10 grain Calomel added.

SUPERIOR TO PEPSIN OF THE HOG.

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A Powder—prescribed in the same manner, doses and combinations as Pepsin.

A SPECIFIC FOR VOMITING IN PREGNANCY.

An Efficient Cathartic

℞ **EXT. BELLADONNA,** ⅛ gr. Peristaltic stimulant to the bowels.
GINGERINE, ⅛ gr. To prevent griping and for its carminative effect.
STRYCHNINE, 1-60 gr. As a tonic to the intestines.
CASCARIN, ¼ gr. Removes and prevents constipation.
ALOIN, ¼ gr. Increases peristalsis of lower bowels.
PODOPHYLLIN, 1-6 gr. Increases peristalsis of the upper and and mildly stimulates the flow of bile.

Renews Peristalsis

Relieves Hepatic Torpidity

Mild in Action

An Intestinal Tonic

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MALASSIMILATION
OF FOOD,
AND ALL FORMS OF

DYSPEPSIA,

FORMULA:

℞

Sulphite Soda,	1 gr.
Salicylic Acid,	1 gr.
Nux Vomica,	1-8 gr.
Powd. Capsicum,	1-10 gr.
Concentrated Pepsin,	1 gr.

Dose 1 to 3.

PIL. ANTISEPTIC COMP.

(W. R. WARNER & CO.

ANTI-DYSPEPTIC. ANTI-RHEUMATIC

PIL. ANTISEPTIC COMP. is serviceable in atonic dyspepsia, nervous dyspepsia—in fact all forms of this disease, because it strengthens the lowered digestive vitality. The Nux Vomica and Capsicum, besides promoting involuntary contraction of muscular fibre, relieves flatulence and constipation.

The digestive properties of the Pepsin, assisted by the action of the Salicylic Acid and Sulphite of Sodium, in addition to the above, make this an effective remedy.

One of the most remarkable properties of Lithia is its power of imparting solubility to uric acid.—GARROD.

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Rheumatism, Kidney Diseases, Gout, etc., are directly due to abnormal acidity of the blood—Lactic acid in the former and uric acid in the two latter. The treatment should therefore be directed to produce alkalinity of the blood. Lithia is one of the foremost eliminants of the day and is especially valuable for above diseases, but best of all in the form of

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FOR
RHEUMATISM,
GOUT, AND
RHEUMATIC
GOUT.

FORMULA:

℞ Acid Salicylic.
Res. Podophyllin.
Ext. Phytolacca.
Quinia.
Ext. Colchicum.
Pv. Capsicum.

Dose 1 to 2.

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ANTILITHIC.
ALTERATIVE.
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PIL. ARTHROSIA is indicated in all conditions of Rheumatism, Gout and Rheumatic-Gout. A marked improvement in this class of diseases follows almost immediately after the administration of Pil. Arthrosia. To be sure of the original Pil. Arthrosia, physicians will please specify "WARNER & CO."

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Warner's Soluble Pills offer active ingredients in a form favoring rapid disintegration when taken, with full therapeutic effect of prescribed remedy.

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A Powder—prescribed in the same manner, doses and combinations as Pepsin.

A Specific for Vomiting in Pregnancy.

WM. R. WARNER & CO., Philadelphia, New York, Chicago.

the temperature. It is an excellent remedy in many cases of chronic ague, and in gastro-intestinal dyspepsia. One of the most prominent writers upon materia medica and therapeutics recommends the administration of nitric acid in the "green stool" diarrhea and in chronic diarrhea of children. We have had no experience with it in these troubles. We believe it should not be given simply because the stools are green.

Nitric acid, according to our experience, is very often the indicated remedy in whooping cough, and is very efficient. We have thought that in this disease we could more often see in nitric acid Prof. Scudder's "epidemic remedy," than in any other. The dose of nitric acid is from ten to fifteen drops in four ounces of water, a teaspoonful of the mixture every one to four hours.—*Cincinnati Med. Jour.*

TO REMOVE THE ODOR OF IODOFORM.

Dr. Edwin Ricketts states, Cincinnati Lancet-Clinic, a teaspoonful of vinegar rubbed on the hands after thorough cleansing with soap and water, "does away promptly with the very disagreeable odor" of iodoform.—*Penn. Med. Jour.*

BELLADONNA IN THE BRONCHO-PNEUMONIA OF CHILDREN.

Hodghead (*Pediatrics*, September 1, 1899) reports a case in a child eighteen months old, where, on the treatment ordinarily used in pneumonia, the child gradually failed, when he determined to use the following: The child was wrapped in soft, loose clothing; water was given instead of milk; the atmosphere of the room was made moist and kept at an even temperature. One-twelfth of a grain of calomel was given every hour until the bowels were moved, and two drops of tincture of belladonna given every hour. In twelve hours a marked improvement was evident, and in twenty-four hours, all the symptoms were so much improved that the belladonna was gradually decreased, and the child made a rapid recovery. Based upon this case, a series of experiments was begun, with the result that in twenty-five cases of his own, and five in practice of other physicians, there were twenty-eight recoveries. He concludes (1) that calomel should be used in small doses until a cathartic effect is secured; that the belladonna in small doses is mildly narcotic, and brings about a condition less uncomfortable to the

child; that it is a heart-tonic; that it is a respiratory stimulant, and that it produces dilatation of the superficial capillaries, and relieves the congested lungs. The most important influence, however, is that it diminishes the secretion in the bronchial tubes and the pulmonary tissues. To be effective it has to be used every hour or two, until the desired effect is obtained. The drug has not been found effective in the beginning of the disease, but becomes especially applicable when the bronchial secretion is abundant.

HAY FEVER.

Douglass (*New York Medical Journal*, September 2, 1898), after speaking of the local remedies which he always uses, says, "The most important remedy to use internally is dried suprarenal gland." In his experience, it is almost a specific for the symptoms of hay fever, and a remedy to safely and surely restore the over-distended condition of the nasal erectile tissue. It may be used either as a spray to the mucous membrane of the nose or internally. The tablets are given every two hours day and night until some prostration is produced. They are then discontinued.

ANTIPYRIN IN DYSENTERY.

The *Maryland Medical Journal*, September 2, 1899, quotes from the *Therapeutic Gazette* the following: Seventy-five grains of antipyrin are dissolved in eight ounces of water and used as a rectal injection, given three times a day, and retained fifteen minutes. It is claimed that the relief from pain and tenesmus is immediate and the number of stools is decreased, and that convalescence is speedily established.

WATER TREATMENT OF GASTRO-INTESTINAL DISTURBANCES.

Marfan advocates an exclusive diet of water for infants with diarrhœa or other gastro-intestinal disturbances, the amount corresponding to the usual amount of milk ingested. A number of our Southern and European confrères have found this treatment extremely effective, and a communication in *El Progresso Medico* for August describes cases of diarrhœa during the war in Cuba cured in three to five days with nothing but water taken freely, boiled and cooled to the temperature of the room.—*Journal of the American Medical Association.*

TREATMENT OF RENAL CONCRETIONS OF URIC ACID WITH GLYCERIN.

Dr. Hermann (*Med. Chron.*, Jan. 1900; Ref. *Brit. Med. Jour.*, No. 2040, Epit. p. 28) has obtained favorable results in nephrolithiasis by the administration of glycerin by the mouth. He gave it in the first instance on theoretical grounds, based on the facts that glycerin is a solvent of uric acid, and when given *per orem* it is excreted in large part with the urine. The good effects he has observed he does not now attribute to any solvent action of the glycerin on the uric acid, but to physical changes produced in the urine. When given in the large doses he employs, it causes the urine to become somewhat oily in consistence, and to its lubricating action he believes the good results are to be ascribed. Rosenfeld, who has also praised the method, believes it to give relief by raising the specific gravity of the urine and thereby producing a change in the position of the calculi in the pelvis of the kidney. It is given in quantities of from one to four ounces, dissolved in an equal quantity of water, and taken as one dose, between two meals and repeated two or three times in a period of several days. He has used it in 115 cases of nephrolithiasis, and in 60 per cent. of these it proved efficacious either by removing concretions or by relieving the pain associated with the disease. Ortner and Kugler have confirmed the stone expelling power of glycerin, while Casper and Rosenfeld speak of its anodyne effect as simply astounding. Given in the doses named, the only unpleasant effects observed were headache in twelve nervous patients, and diarrhœa in three cases where the digestive organs were not healthy. In all the fifteen cases these effects ceased in the course of a few hours. In such patients, and indeed in others, it is recommended that the initial dose should be smaller than the minimum dose named, and that it should be gradually increased. The presence of albuminuria does not contraindicate the employment of glycerin; the amount of albumin was never increased, and in one case, after three doses of the agent, the previous albuminuria completely disappeared. In six cases of the 115, hematuria occurred, and this the author ascribes to the concretions changing their position either spontaneously or owing to the glycerin. —*Post Graduate*, April, 1900.

TANNOPINE FOR INFANTILE DIARRHŒA.

Dr. D. E. Smith, of Minneapolis (*Northwestern Lancet* November 13, 1899), states that in cases of diarrhœa charac-

terized by copious serous discharges it is necessary to resort to some astringent which would be antiseptic and not absorbent to any extent. Tannic acid was the drug par excellence, but it has been dismissed by the profession on account of its unpalatability, its bulk, its taste, its rapid absorption in the upper intestinal tract, and its rapid decomposition. Recently a chemical combination of 87 per cent. tannic acid and hexamethylen-tetramine has been introduced under the name of *tannopine*, which the author considers an ideal remedy in this class of cases. It is given in small doses from three to ten grains every three hours. Il does not break up until it comes in contact with the alkaline medium of the lower intestine, when the tannic acid is freed and the hexamethylen-tetramine liberates the most desirable of antiseptics, *formalin*. Children take tannopine readily as it is tasteless and small in bulk. It may be given either on the tongue or in any kind of nourishment. The formalin destroys the germs already attenuated by previous treatment. As soon as the serous discharge is stopped there is an immediate improvement in the patient's condition.

EXPERIMENTAL INVESTIGATION OF THE FUNCTIONS OF THE HUMAN SALIVA.

The investigations of Shule concerning the diastatic energy of the mixed saliva resulted as follows: The secretion increased from morning until noon, while the maximum would be reached between 11 a.m. and 3 p. m. after which time it would gradually decrease.

Further experiments confirm the reports of Biernacki, according to which the secretion of pepsin and HCI, progress much better in the stomach when the food has passed the mouth and has been thoroughly incorporated with saliva than if it had been introduced through the stomach tube. This shows that the secretion of HCI, is reflexly excited by suitable food in the buccal cavity and by the act of mastication.

(This would be a good criterion for taking the principal meal at this time of day.) Schüle, Archiv, fur Verd. Krank. —*St. Paul Med. Jour.*

DILATATION OF THE STOMACH.

This paper presents the histories of eight cases of atonic dilatations of the stomach; occurring in patients of about the same age (19-28) the same sex (male) pursuing the same vocations (students) and, in a measure possessed of similar habits—(sedentary).

The author considers it sufficient to place dia tation under two heads as suggested by Pepper and Stengel, viz : Dilatation from atonic and Dilatation from pyloric obstruction.

In only one of reported cases was there an associated gastroptosis.

Etiology :—Some of the etiological factors present in the cases were the following :

Sedentary occupation and inherited tendency.

Poor fare, excessive application and sedentary habits.

Privation incident to a course of study with insufficient means. Congenital weakness of tissues and over use of alcohol and tobacco. Typhoid fever was believed to be a factor in one case.

Dignosis :—The following points are mentioned as of especial significance and value :

Presence of fluid in the fasting stomach—(Early morning lavage). Characteristic freedom of inflow through stomach tube of the water used in lavage, contrasting strongly with difficulty experienced in emptying the stomach. Inspection was found to be of little use in this class of cases. No peristalic waves were seen. The urine was almost always scant and of high color and specific gravity.

General symptoms.—Insomnia, lack of mental concentration and initiation, muscular weakness, pain and twitching, eructation of gas and bitter fluid, appetite usually good, thirst moderate.

Differential diagnosis :—From cicatricial stenosis following ulcer—it is differentiated by absence of a history of haematemesis and other symptoms of ulcer. From cancer by the age and absence of tumor and the presence of hydrochloric acid. Pyloric obstruction in general is excluded by the lack of visible peristalsis and the slow return of fluid introduced by tube. From duodenal stenosis by the absence of bile from the stomach contents. J. H. Musser and J. D. Sceele, Am. Jour. of Med. Science.—*St. Paul Med. Jour.*

SURGERY.

IN CHARGE OF

ROLLO CAMPBELL, M.D.,

Lecturer on Surgery, University of Bishop's College ; Assistant-Surgeon, Western Hospital ;

AND

GEORGE FISK, M.D.

Instructor in Surgery, University of Bishop's College ; Assistant-Surgeon, Western Hospital

A NEW INVAGINATION METHOD OF INTESTINAL ANASTOMOSIS.

The author describes a new method of anastomosis which he has employed with success in a number of cases, and has proved by experimentation on animals to be technically efficient in all cases. A strip of mucous lining is removed from the inner surface of the distal end of the intestine, so that it permits the proximal end to be invaginated into it. When this has been accomplished it is held in place by fixation sutures, while a continuous suture unites the cut end of the gut, with its raw muscular layer, to the serous surface of the proximal or invaginated portion. The process of invagination protects the stitches and the line of union in a degree from contamination by the intestinal contents while strengthening it against pressure from within. The denuding of the muscular coat where it is brought in contact with the serous surface of the proximal portion, in the line of union hastens the reparative process, and frees the wound from the contamination of the intestinal contents.

The histological examination made on the experimental cases shows that firm adhesion is present in twenty-four hours, and that there is no contraction of the lumen of the gut. The method is free from the objections made where foreign bodies are employed, while the suture line is protected from infection from within the bowel.—Dr. Morisani. *Centbl. f. Chir.* (*The Post-Graduate*).

SUTURE OF FRACTURED PATELLA BY AN IMPROVED METHOD.

The author employs silver wire as suture, and a single drilling of each fragment only. The suture is a D-shaped wire, No. 16 gauge, made of the softest silver, which, being flat on one surface and very broad, is free from the tendency to cut through the drill hole, and strong enough to admit of

only a single suture being inserted. It was found that this wire was sufficiently strong for one suture to hold together, under considerable strain, the sawn ends of a patella, and also that, on account of its shape and strength, a single loop of each end, interlocked, was quite sufficient to secure the suture, and the ends could be readily flattened down without forming any appreciable foreign body which could irritate the surrounding tissues.

The author cites a case of transverse fracture of the patella in the lower third, with an inch separation, in a male aged 24. Four days after the accident the joint was opened by a large U-shaped flap, having its convexity downwards, just below the ligamentum patellæ and extending laterally well away from the margins of the fractured bone. On opening the joint, a large number of firm and partly decolorized clots were freed and washed out with sterilized water. After drilling the two fragments, the D-wire was passed, accurate approximation of the fragments secured, the wire looped, and the aponeurosis and periosteum closely sutured with fine silk over the overlying wire. In this way the fractured surfaces were completely protected. The author regards this as one of the most important steps in the operation. The skin flap was then closed with salmon-gut sutures, and when put in position no trace of the wire loop could be detected with the fingers. Aseptic dressings and light posterior splint were applied, and the limb kept elevated. On the eighth day the sutures were removed, the skin incision being soundly healed, On the 14th day the splint was removed to admit passive motion. A skiagraph taken three weeks after the operation showed such accurate approximation that the line of fracture could only be faintly recognized. Four weeks after the operation the patient could walk without aid of a stick, and eight weeks after operation he was able to walk two miles on a level, the only remaining evidence of injury being a slight feeling of weakness on going up stairs.

In conclusion, the author offers the following:

In young and healthy subjects the ideal operation is primary suture; and with care and strictly asceptic precautions it offers no more grave risks than many of the forms of so-called subcutaneous suture, while in relative accuracy and efficiency no reasonable comparison can be established. Among the important points connected with the operation the author specially emphasizes the following;

1. The advisability of delaying operation for a few days after the injury until the subsidence of the more acute symptoms in the joints.

2. The thorough clearing out of the joint; all the recesses

of the synovial membrane being completely freed from clots, and the broken surfaces of the bone thoroughly cleaned. This can only be secured by the open operation.

3. The use of an easily sterilizable suture, strong enough to secure apposition by a single drilling, and so shaped as to render splitting of the bone an impossibility, and to prevent in fastening it the formation of a large and irritating loop.

4. The elevation, and not the resection, of the fibrous curtain, and its subsequent accurate suturing over the imbedded wire, forming an additional barrier underneath the skin flap against infection or irritation.

5. The early commencement of passive movement, which is thus rendered feasible, and undoubtedly shortens the period of disability following the fracture—a point of paramount importance to the class of persons most subject to the injury.—Dr. R. G. Patterson —*Brit. Med. Jour.*—*The Post Graduate.*

TREATMENT OF ANEURISM BY SUBCUTANEOUS GELATIN INJECTIONS.

The author draws the following conclusions from his experience with the gelatin treatment in nine cases, at the Johns-Hopkins Hospital:

1. In not a single instance has the aneurism been cured, although in one case the abdominal aneurism has diminished considerably in size, and the case is still under treatment.

2. In seven of the nine cases there was an appreciable diminution in the subjective symptoms referable to the pressure of the aneurism.

3. It seems quite certain that the subcutaneous injection of gelatin solution does materially increase the coagulability of the blood.

4. Contrary to the statement of Lancereaux, we have found that the gelatin injections are frequently very painful to the patient, the pain lasting and being most intense often as late as six hours after the injection.

5. Athough Lancereaux states, that with strict antiseptic precautions there should be no elevation of temperature, we have found the contrary. In several instances, the injections were followed, two to four hours later, by a distinct chill, with an elevation of temperature reaching at times as high as 103° F. In no case did we have any local suppuration, and in only one case was there even any local reaction.

6. Notwithstanding the fact that we have not yet a case which can be reported as cured, we are convinced that there

is some merit in the treatment, and that it deserves a further trial.—Dr. T. B. Futcher—*Jour. Am. Med. Assoc.*—*Post-*

FORMALIN IN SURGICAL TUBERCULOSIS.

Hahn (*Centralblatt fur Chirurgie*, No. 24, 1899) states that he has obtained excellent results from a mixture of formalin and glycerin, 1 to 5 per cent., in the treatment of surgical tuberculosis. As an injection into abscesses connected with diseased joints, the author believes that this mixture is superior to an emulsion of iodoform.—*University Medical Magazine.*

DEAFNESS IN CHILDREN.

The following is an original abstract of a paper read by Edward F. Parker, M. D., Charleston, S. C., at the annual meeting at the Tri-State Medical Association of the Carolinas and Virginia, held February 20, 21, 22, 1900, in Charleston, S. C.:

Deafness in young children is so often allowed to go unnoticed because the child is uncomplaining or the parents careless, and is so often mistaken for dullness and inattention that the disability is apt to become fixed and beyond repair before expert skill is solicited.

The most common of the numerous causes of deafness in children is adenoid hypertrophy in the naso pharynx. Recurrent earache and deafness are symptoms which imperatively demand a thorough exploration of that cavity. Faulty ventilation and drainage will invariably produce catarrhal inflammation of the middle ear. The importance of such early examination and treatment cannot be over estimated.

The treatment consists in the administration of appropriate constitutional remedies and in the surgical removal of the exciting cause.

Incurable deafness in adults can often be referred to adenoid hypertrophy in childhood. Particular attention is called to recurrent earache and slight deafness as danger signals never to be disregarded when noticed either by parents or practitioner.

A REMARKABLE CASE.

By Dr. C. B. JOHNSTON, Monroe, Louisiana

During the Civil War, at the siege of Vicksburg, on the 10th of June, 1863, Capt. Alex. Myatt, of the Confederate forces, received what was supposed to be a fatal wound,

having been shot in the right eye; the missile afterwards proved to be a Springfield rifle-ball of about 55 caliber. Death did not ensue, but for more than a third of a century the leaden missile was a continued source of torture to its victim. The wounded soldier remained in the hospital until the fall of Vicksburg, the fourth of July. General Grant, who was in command of the Federal forces, visited the Confederate hospital after the surrender, and had his attention called to the nature of the wound, and became so interested in the case that he ordered his staff surgeon to visit the patient and examine the wound. After careful examination, this eminent surgeon agreed fully with the diagnosis made by the Confederate surgeons: that the bullet, after penetrating the eye, had taken a backward course, lodging in the back part of the head, its location making its removal impossible, except at the risk of the patient's life. On the 17th of July the patient was paroled and sent home, a physical and, alas, a financial wreck. Notwithstanding his condition, however, he has accumulated a competency for his declining years and made ample provision for his family.

During these thirty-five years he suffered more or less constantly from the pressure of the bullet, and from time to time visited the most eminent surgeons in hope of obtaining relief, among others the noted Dr. Stone, of New Orleans, but always to no avail.

His sufferings were finally brought to an end, by the services of a dentist, and in a most remarkable manner.

In the fall of 1898, Capt. Myatt called on Dr. Johnston, for the removal of a broken tooth. To the surprise of the operator, a foreign substance, evidently lead, was found to be occupying the depths of the socket, after the removal of the tooth. This seemed so incredible that, at the request of the patient, his family physician was called in to make an examination. A brother dental surgeon, Dr. J. F. Johnston, was called in. After careful examination, the foreign substance was pronounced to be the bullet which had entered the eye of the patient thirty-five years previous.

The operation of removal was tedious and difficult, as it was necessary, with saws and drills, to divide the bullet into sections, and several days were consumed in the operation, as the patient objected to the use of any anesthetic. It was successfully accomplished, however, and the old veteran enjoys life once more, and has gained twenty pounds in weight since the operation.

After removing the several pieces into which the bullet had been divided, the gaping wound was well washed out with peroxide of hydrogen, and then packed with dry cotton

thoroughly impregnated with iodoform, the dressing being changed about once a week. Some little necrosed bone was thrown off and there is still a little more, but as the patient will not permit the use of any anesthetic, Dr. Johnston proposes simply to assist the powers of nature in completing healing. One small piece of necrosed bone came away through the nostril. The patient is doing well, and has better health and enjoys life more than at any time since receiving the wound in 1863.—*Ohio Den. Jour.*

A NEW LOCAL ANESTHETIC SOLUTION.

Frank G. Lydston has used as a substitute for cocaine in urethrotomy a fresh 10 per cent. solution of antipyrin in a 1 per cent. carbolic acid solution. The advantages of this combination over cocaine are safety, freedom from constitutional effects, and the inhibition of hemorrhage. The solution should be allowed to remain in the urethra ten minutes, as a rule, before beginning to cut.—*Med Record.*

SILVER CATGUT AND HOW TO TIE IT.

E. Boeckman, St. Paul, Minn. Catgut, in order to give ideal results, must be selected with reference to tensile strength, cleanliness and sterility. It must be rendered aseptic and then antiseptic, yet non-poisonous and non-irritating. It should be able to withstand dry sterilization. It must be absorbable, but, at the same time, its life in the tissues should be such as to enable a ligature to hold from one to several weeks. Although he has not as yet attained the ideal in the preparation of catgut, the author seems to have approached it in his so-called silver catgut. This is prepared through soaking well-selected, clean, formalized catgut in a 1 to 5 per cent. nitrate of silver solution. The gut is then exposed to the light, thus reducing the silver salt to black metallic silver. It is then cut up in desirable lengths and wrapped in paraffin paper. It can then be subjected to dry heat for further sterilization before using. Silver catgut prepared carefully seems to meet with most of the requirements demanded of an ideal catgut.

EARLY AND METHODICAL MOBILIZATION IN THE TREATMENT OF INJURIES AND DISEASES OF THE JOINTS.

M. J. Lucas-Championniere, of Paris, in a most interesting address, says that all the old authors and nearly all the

more recent writers advised rest for cases of every sort. For the joints, which are a part of the motive apparatus, a certain amount of motion is essential to nutrition and conservation of function. In inflammatory joint affections immobilization has no specific effect; it simply allows of more decided action being taken to combat the disease. In contusions it is pain alone which indicates rest treatment; but this must be as short as possible. Sprains are to be treated with massage and early passive motion. In fractures into a joint immediate mobilization is the only proper measure. In dislocations the author has never remarked the well known tendency to recurrence; this he ascribes to immediate massage and passive motion. Open wounds extending into joint cavities must have antiseptic treatment, but not necessarily immobilization; a stiff joint will result unless passive movement be made here. After surgical invasion of a joint cavity the same rule holds good. When not contraindicated by the presence of pain, the author has seen no ill effect of motion in a joint from which pus has been evacuated; in fact, function can be retained by this method alone. After resection, the best play of muscles and the greatest range of movements can be obtained by passive motion instituted as soon as possible after operation. The same applies to arthrectomy. A good result has also followed movement in the tuberculous tumor albus.

AN EASY METHOD OF REDUCING DISLOCATIONS OF SHOULDER AND HIP.

L. A. Stimson, New York, describes a method of reducing anterior dislocations of the shoulder, which has not failed in ten successive recent cases, and has never required more than six minutes to effect reduction. The principle is that of moderate traction upon the arm in abduction, and the procedure is as follows: A round hole about six inches in diameter is made in the middle of the canvas of a cot, about eighteen inches from one end. The patient is placed upon the cot, with the injured arm hanging down through the hole. The cot is raised upon blocks so that it is at a sufficient height from the floor, and a ten-pound sand-bag is fastened to the wrist of the dependent arm. After a wait of a few minutes reduction is found to have taken place. The procedure is not painful, and is an effectual, easy, expeditious and apparently safe method. Instead of a cot two tables might be used, placed end to end, the head resting on one, the body on the other, with the arm hanging down between them. In dorsal dislocations of the hip the method

is applied as follows: The patient is placed prone upon a table in such a way that his thighs extend beyond its end. The uninjured thigh is held horizontal by an assistant, to prevent tilting of the pelvis, and the injured one is allowed to hang vertically, while the surgeon, grasping the ankle, holds the leg horizontal (right-angle flexion at the knee), and gently moves it from side to side. If relaxation of the muscles is slow to appear, a sand-bag of five or ten pound weight is placed on the leg close behind the knee, or pressure is made there with the hand. This has succeeded in four-fifths of the cases, and often without the aid of anesthesia. In two cases in which it failed reduction was accomplished by traction in a line midway between right-angle flexion and full extension.—*New York Med. Record: Med. Review.*

SPINAL FRACTURE PARAPLEGIA.

Robert Abbe, New York, in order to show the relations between the damage in broken-neck cases and the group of symptoms following, cites three cases in which the injury was due to diving into shallow water; a fourth case is reported, the patient having been shot by a Mauser bullet over the second left sacral vertebra, with immediate paralysis below the hips. He summarizes his observations as follows: The immediate signs and symptoms of fracture paraplegia give fairly accurate data for prognosis. If loss of sensation and motion below the injured part is complete and instantaneous, and the patella reflex is lost, the outlook for recovery is almost hopeless. Yet knee-jerk, sensation or motion may be absent, and recovery take place. Partial loss of sensation or motion gives hope that a large degree of recovery may be looked for, the cause in such cases being hemorrhage within the central canal or in the cord substance, or in the meninges. Distribution and absorption of blood-clot take place usually within ten days or a fortnight, and returning sensation follows. Return of motion in complete paraplegia cases does not always go on to perfect restoration. Wrist-drop of one hand, or dragging of one foot, may still remain two or three years after. In cervical fracture paraplegia the fifth vertebral body is most often injured; hence the phrenic nerve derived from the third and fourth branches of the cervical plexus gives the only supply to a respiratory muscle—the diaphragm. The labored respiration by diaphragm only usually results in pulmonary edema and hypostatic pneumonia a few days after the accident. This may be overcome by nitroglycerin internally and

frequent change of posture. Intestinal fermentation with temperature disturbance easily occurs in high paraplegias, and is speedily relieved by calomel. Regeneration of a pulpified cord is impossible. Restored function is probably always due to absorption of blood, or of the secondary inflammatory deposits, which prolong the pressure symptoms. The persistence of bone pressure at the site of the injury justifies operation as much as in depressed fracture of the skull, because through pressure an injured cord must be further degenerated. Laminectomy should be done as promptly as possible. If the subject be favorable it may be done by expert use of cocain. It will be less painful if done before local meningitis sets in. An X-ray view of the fracture can readily be taken by from ten to fifteen minutes' exposure, and greatly aid the surgeon.—*New York Medical Record; Medical Record.*

CHLORETONE AS AN ANTISEPTIC AND LOCAL ANESTHETIC.

T. D. Dewar reports two cases of severe lacerated wounds, three of amputation of a finger and one of urethral stricture, in which chloretone was employed for irrigation, as a dressing, and for injection prior to introducing a sound. The results indicate that this new drug possesses decided local anesthetic and apparently also antiseptic properties.—*Therapeutic Gazette; Medical Record.*

BURNS AND SCALDS.

Treatment.—According to E. T. Milligan, burns, when under treatment, should be exposed as little as possible by changing dressings. Morphine should be used hypodermically for pain, and tincture of musk by the mouth as a cardiac stimulant. The latter seems to control shock, due to injury. In burns of the first degree an ointment containing a sedative or carron-oil can be applied with advantage. In burns of the second or third degree picric acid in solution (5 to 1,000) is an excellent application, but a dry dressing is personally favored. A powder containing 2½ drachms of pulverized camphor and 1 ounce each of prepared chalk and magnesium sulphate is one of the best. When powders are used the injured parts should be covered with oiled silk to keep the dressing from becoming entangled in the injured parts. When prostration is great, a saline infusion is of marked value.

Ellice M. Alger has found that the combination of picric and citric acids, which Esbach long ago devised for the detection of albumin, is more effective than the picric acid alone, in burns of the second degree.

Esbach's solution consists of 10 parts of picric acid, 20 of citric acid and 1,000 of water. Without any elaborate attempts at antisepsis the bullæ and vesicles should be opened with a clean blade and the fluid applied freely, care being taken that the solution reaches the interior of each one. The combination after the first smart has passed removes the pain very quickly. After the excess of fluid has drained off the part may be covered with rubber tissue or soft gauze, and left undisturbed for several days. After two or three days the fluid should be reapplied to such areas as are moist, and the part carefully recovered.

R. H. Gay has obtained good results from using the following in burns and scalds: 1 one pound of mutton-tallow, 1 drachm of English resin, and 1 drachm of bees-wax should be put into a vessel, perfectly free from grease or other substance, over a slow fire. After the ingredients are melted and thoroughly mixed, they are to be removed from the fire and ½ pint of linseed-oil (linum usitatissimum) is to be added, stirring until cool to prevent separation. A few minims may be dropped on a smooth surface to cool, to see whether it is of the right consistency or not. If too soft, tallow should be added; if too hard, oil. It is now ready to pour off into boxes for use. The directions for using are to spread it on old linen, or cotton cloth, to a sufficient thickness, large enough to cover the burn or scald, and to renew daily. This preparation is cooling, detergent and healing, and if instantly applied to burns and scalds will almost immediately stop the pain and prevent blistering.

In the treatment of scalds and burns Edward Roelig finds aristol of great service. After a thorough disinfection and cleansing of the burned area, and the opening of the vesicles, a dressing of aristol salve smeared upon sterilized gauze in a layer of about the thickness of a knife-blade is applied, and this dressing changed daily. The dressing is covered with cotton and held in place with gauze bandages. Granulation and cicatrization occur promptly. In personal cases, at first an aristol salve, consisting of 1¼ drachms; ol. olivar., 2½ drachms; lanolin, 10 drachms, was applied, and, when the wound surface had become smaller and granulations had formed, aristol powder was dusted on, and covered with gauze and cotton.

Vehmeyer has used with good results an ointment containing fluorin, and sold under the name of "Epidermin," in

the treatment of severe burns and scalds. It should be renewed twice a day. Relief of pain, prevention of profuse suppuration and rapid growth of any islets of undestroyed epidermis are its great advantages.

Naftalan has been found by Richard Bloch to so fully meet the therapeutic indications demanded in burns, whether caused by hot fluids, steam or heated solids, etc., as to be almost a specific.

The use of saline transfusion for burns and shock is recommended in an editorial, which states that, even if the toxæmic condition is not directly improved by the saline injections into the subcutaneous tissues of veins, there is still another one in which this method of treatment may be of great good, in that surgical shock is nearly always present as a result of severe burns and scalds. In shock a condition of profound relaxation of the blood-vessels exists, so that arterial pressure is very low and the vital centres are not properly supplied with blood.

While intravenous injection does not necessarily raise blood-pressure, this method of treatment is capable of readjusting the circulation to such an extent that the evil manifestations of vasomotor paralysis are set aside. It seems, therefore, that, in treating cases of severe burns or scalds, this method of procedure should not be ignored, but should be actively employed.

Patel notes the case of a child, aged 2½ years, who had a burn of the second degree, involving, more or less, both arms and legs, face and trunk. The general condition was bad, the pulse imperceptible and the child unconscious. Caffeine, alcohol, bouillon and milk were given. On the third day 250 cubic centimetres of saline solution were injected, and on the fourth day the child became for the first time conscious. Between the fourth and twenty-second days six similar injections were given. Until the twentieth day he improved in every respect, but on the twenty-second his general condition was not so favorable, and on the twenty-fourth day he died. At the necropsy the lungs alone presented appreciable lesion; diffuse and catarrhal pneumonia. The great improvement after the first four injections and the survival of the child for nearly a month seemed to be due to the serum. The cause of death in extensive burns is thought to be due to an autointoxication. Consequently, once the period of shock is passed, the treatment should be directed to freeing the system of the circulating toxin, and for this saline injections answer well. Due attention should also be paid to the emunctories, so as to still further favor the elimination of toxins.

Azzarello divides the theories of the causes of death from burns into four classes: (1) death from shock or extreme pain; (2) embolism, thrombosis and destruction of the blood-elements; (3) pyæmic infection through the burnt surface; (4) poisons formed by the action of heat on the tissues or autointoxication from deficient excretion by the skin. By experimenting upon dogs and rabbits, it is personally claimed that the intoxication theory is the correct one. Injection of large quantities of artificial blood-serum subcutaneously appeared to save life in several cases.—*Monthly Cyclopedia of Practical Medicine.*

THE TREATMENT OF PARAPHYMOSIS.

In treating paraphymosis most practitioners endeavor to produce retraction of the foreskin, and failing in this maneuvre, incise the stricture. A writer in the *Gazette des Hopitaux* recommends a simple measure, which is well worthy of practice before the severer one is adopted. He advises that two to five punctures be made with a bistoury in the swollen edematous prepuce, which should then be gently kneaded during three or four minutes. An abundant flow of serum, containing some or little blood, escapes, and immediately the integuments which were swollen and ready to burst become soft and slack. A slight taxis is then successful in restoring the parts to their natural position.

THERAPEUTIC NOTES.

Pruritus Ani and Vulvæ.

In pruritus ani and vulvæ the following formula will afford relief from the itching and irritation, to be applied locally:

℞	Sodii hyposulphis.....	1 drachm.
	Acid, carbol.....	½ drachm.
	Glycerinæ.....	1 ounce.
	Listerine.....	3 ounces.

Mix.

Uric-Acid Diathesis.

℞	Sodii bicarbonatis.....	gr. xlv.
	Acidi benzoici.....	gr. xv.
	Sodii phosphatis.....	gr. lxxx.
	Aq. bullient.....	℥ iss.

M. Solve et adde:

	Aq. cinnamomi.....	℥ iij.

S. Two teaspoonfuls three times daily.

—Golding Bird.

Jottings.

HOW TO STOP COUGHING.

The *Virginia Medical Semi-Monthly* correctly states that coughing is precisely like scratching a wound; so long as it is continued, the wound will not heal. Let a person, when tempted to cough, draw a long breath and hold it until it warms and soothes every air cell. The benefit will soon be apparent.

ORCHITIS.

Hyrarg. oleat.....ʒ iss.
Morphine sulph .....gr. iv.
Ol. gaultheria.....ʒ j.
Ol. olivæ, q.s. ad.....ʒ vi.

M. Ft. lin. Sig. Apply after bathing with hot water night and morning, and wrap testicles in absorbent cotton or flannel and have them suspended.

This prescription is also one of the finest in the world for sprains and rheumatism.—*Vail, Med. Sum.*

TO OVERCOME WHISKEY OR MORPHINE HABIT.—Dr. L. V. Weathers, Bracken, Texas, says (*Texas Med. Jour.*, April, 1900,) that a few drops of tincture of cinchona dropped far back on the tongue will at once overcome the craving for whiskey in a drinker.

He has used successfully the following for both whiskey and morphine craving:

℞ Ammon, bromid..... gr. v.
Fid. ext. belladon
" " nuc vomic.
" " cannabis Ind..... āā min. ij.
Water..... q. s. ℥ij.

M. S.—Repeat same four times daily.

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Editorial.

WESTERN OPHTHALMOLOGIC AND OTO-LARYNGOLOGIC ASSOCIATION.

The Western Opthalmologic and Oto-Laryngologic Association held its fifth annual meeting at St. Louis, on the 5th, 6th and 7th of April. The President, Dr. W. Scheppergrell, of New Orleans, opened the meeting with a paper on "The Rise of Specialism," in which he disproved the oft-repeated charge that specialism in medicine are modern innovations. He cited historical data dating several centuries before Christ, in which distinct reference was made to specialists of the eyes, stomach and the head. The essayist commended specialists in medicine, as they promote more detailed study, and therefore lead to higher medical attainments.

J. W. Bullard, M.D., of Pawnee City, Neb., read a paper on "Two Classes of Eye Cases that Give Me a Great Deal of Trouble." Chief among them was those in which irritation and dryness of the conjunctiva persisted in spite of every attempt at refraction which had been made.

Edwin Pynchon, M.D., of Chicago, "Slight Irregularities of the Nasal Septum." The author advocated the removal or correction of slight irregularities of the septum when there were disturbances of the nasal functions on account of their presence. If later and larger development justified their

removal, the author thought their early removal was justified on the grounds of "A stitch in time saves nine."

C. R. Holmes, M.D., Cincinnati, "Foreign Bodies of the Orbit, with Report of Cases." About seventy cases were compiled from the literature by the author, and three additional ones reported by him. The most interesting and unique case was one reported by the author. It consisted of a knife blade about 1½ inches long which had been in the orbit 32 years without causing much inconvenience. It was imbedded in a fibrous capsule and was but slightly rusted.

B. E. Freyer, M.D., Kansas City, "Report of a Case of Railway Trauma of the Eye, with the Report of a Case and Its Legal Aspect."

M. A. Goldstein. M.D., St. Louis, "Presentation of Cases; (*a*) Primary Tuberculosis of the Ear; (*b*) Primary Tuberculosis of the Larynx." (*a*) The case had been operated on some years previously and had a recurrence some months ago, at which time Dr. Goldstein did the Schwartz operation. Bad symptoms developed a few weeks ago and he did the radical operation, since which time the patient is doing well. (*b*) The second case was one of probable primary tuberculosis of the larnyx, which came under the observation of the author about one year ago. At that time he was in a very serious condition; death seemed but a matter of a few weeks or months. The patient was greatly emaciated, and in response to the treatment administered had gained a fair degree of health, being able to attend to business. The diagnosis in the case is somewhat doubtful, but the author having excluded luies and malignant growth, has made the diagnosis of primary laryngeal tuberculosis. Tubercle bacilli are absent, and the tissue has not been examined m croscopically.

Dr. Wm. L. Ballenger, of Chicago, "The Physiologic Tests of the Organs of Hearing as Aids in the Differential Diagnosis of Lesions of the Ear." The author advocated the physiologic tests of the ear, including the range of hearing, as tested with the tuning fork, Galton whistle, the Webber experiment, the Rinne experiment, the Schwaback and Bing tests, as important aids in the differential diagnosis of the

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By J. T. DONALD, M.A., Professor of Chemistry, Medical Faculty, Bishop's College, and Analytical and Consulting Chemist and Assayer.

MONTREAL, June 14, 1894.

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Chloride of Sodium	14.354	Bromide of Sodium	.080	Silica	.145
Chloride of Potassium	.211	Bicarbonate of Sodium	1.697		
Sulphate of Sodium	.210	Carbonate of Lime	2.940	In 10,000 parts of water	20.899
Sulphate of Magnesia	1.262	Carbonate of Iron	Traces.		

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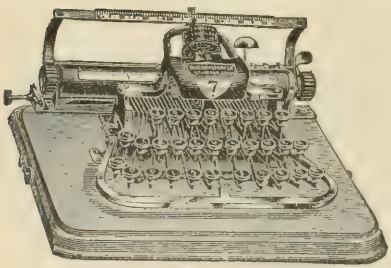

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lesions of the ear. They are of special importance in determining the location of the lesion. He suggested that in a general way the deeper the structure involved, the more pronounced the disturbance of hearing and the less probability of a cure. The tests were, therefore, recommended more for the purpose of aiding the surgeon in giving a correct diagnosis than for the purpose of aiding him in the treatment, which is often unsuccessful. Six cases were cited illustrating lesions of different kinds in the middle ear and labyrinth in which the tests were used for the purpose of differentiating them. He recommended that the tests be made in all cases of ear disease in which there was marked deafness and tinnitus, both before and after inflation of the tympanum. If this point is neglected the diagnosis may not be properly made. While the physiologic tests are not absolute guides to a correct diagnosis, they are, together with all the other means of diagnosis, the most correct at the command of the aural surgeon, and, therefore, should be invariably used.

O. J. Stein, M.D., Chicago, "Symetrical Osteoma of the Nose; Report of a Case." The author reported a very rare case of symetrical or double osteoma of the nose, occluding the nasal chambers and extending to either side for a considerable distance, whereby the patient was given the typical frog-face appearance. Osteoma upon one side is rather common. This case was presented on account of its unique type, and was reported with a number of other cases collected from the literature. No attempt was made to correct the deformity, as the patient is well advanced with tuberculosis, several other members of the family having died with the same disease.

Jno. J. Kyle, M.D., Indianapolis, "The Sympathetic Inflammation and Sympathetic Irritation of the Eye." The author made an interesting review of the subject presented, in which he advocated the usual classical treatment.

Adolph Alt, M.D., St. Louis, "Studies Concerning the Anatomy of the Eye Lids, Especially Their Glands (with lantern slides)." The purpose of the author was to report the result of an extensive examination made of the tissues of the eye lids, in which he had found mucous glands located in positions where they were not usually found. He also stated

that in all his examinations, with one exception, the torsal cartilages of the eye lids were not true cartilaginous tissue.

W. H. Loeb, M.D., St. Louis, "Presentation of Specimen of 107 Polypi Removed at One Sitting." This case was unique, not so much on account of the great number of polypi removed from the nose, as from the fact that they were removed at a single sitting. They were uniformly pedunculated and varied greatly in size.

THE INTERNAL USE OF WATER.

To quench thirst there is no fluid comparable to clear, filtered water. As a keeper of health and a restorer to health, in many minor diseases, we believe it is not used as freely as it should be. The sewers of towns and cities are not flushed, except by heavy rain storms, as freely as common sense tells us they ought. Often they are choked, and are the source from which disease attacks a community. The sewers of the human body are the bowels, the kidneys and the lungs. These are the organs by which the waste material is got rid of. Water very materially assists them in carrying out their functions, for it holds much of the *debris* material in solution. It keeps up to its full proportion the amount required for the blood to perform its function, and it stimulates glandular action. Many hepatic diseases can be benefited by copious drinking of water. Now that we are entering upon the hot season, the body will call loudly for water, and it should be freely allowed. The medical profession will shortly be sending their rheumatic patients to the numerous springs, celebrated as resorts for this class of diseases. They will be instructed to drink of the "water" freely, and the advice will be followed, sometimes we think, too freely. A patient who cannot be induced to drink daily half a dozen glasses of water at home will willingly drink twenty at the springs. The result is beneficial, not so much because of the various salts found in the "spring's" water, but on account of the flushing which the sewers of the body undergo. The surroundings at these resorts are also beneficial, the eye is rested, and through it the entire system is benefited. Copious drinking of water prevents overfeeding, and thus important

organ gets a much needed rest. There are, however, a large army of sufferers who cannot afford the luxury of visiting these health resorts. Such, however, can receive benefit at home by drinking freely of water. Human nature is, however, distrustful of such a simple remedy. He must get specific directions to take so many glasses daily, and the chances of his carrying out such treatment will be largely increased by giving him a small alkaline powder to be dissolved in each glass. He will then believe that he is taking medicine, for that is what man craves for. If you wont give it to him someone else will.

DR OSLER AND THE UNIVERSITY OF EDINBURGH.

It is announced by the *British Medical Journal*, on authority, that Dr. Osler, of the Johns Hopkins University, Baltimore, is not an applicant for the Chair of Medicine in the University of Edinburgh.

ANNUAL CONVOCATION OF THE MEDICAL AND DENTAL FACULTIES, UNIVERSITY OF BISHOP'S COLLEGE.

The twenty-ninth Annual Convocation of the Medical Faculty of the University of Bishop's College, and that of the Dental Department, was held in the Synod Hall, Montreal,on the 26th of April. The day was beautiful and there was a large turn out of the friends of the Faculty, the large hall being crowded in every part. The chair was taken shortly after three o'clock by Chancellor Heneker, who was supported on the platform by Acting Principal Allnatt and the various members of the Medical and Dental Faculties. The Dean, Dr. F. W. Campbell, made the usual announcements, and the candidates for the degree of C.M., M.D., and that of D.D.S. were presented by the Deans. The following ladies and gentlemen received the degrees of C.M., M.D. :

Francis Oscar Anderson, Montreal ; Albert Cuff Lopez, Manderville, Jamaica, W.I.; Miss Mary Adelaide Runnels. Milton, P.Q.; Alexander Macdonald, Scotstown, P.Q.; Miss

Margaret Jane Currie, Montreal; Christopher Healy Christie, Montreal; John Albin Hamilton, Montreal; Frederick Wilmot Mann, Maine, U.S.; Joseph William Davis, Windsor, Ont.

To those students who had distinguished themselves by winning prizes and medals, hearty applause was accorded as they stepped forward to receive awards, viz.:—Histology, W. H. Still; first year practical anatomy, Jas. McGregor; second year practical anatomy, E. H. Brown; David silver medal, Miss Florence Evans; Chancellor's prize, A. C. Lopez; Wood gold medal, F. O. Anderson.

The following gentlemen received the degree of D.D.S., being presented to the Chancellor by Dean Kerr, of the Dental Faculty:

G. H. A. Stevenson, F. W. McKenna, F. E. Skinner, J. B. Morrison, William Watson.

The Chancellor then addressed the audience, after which the convocation was declared closed.

HYDROPHOBIA.

The Chicago Pasteur Institute has published a brief report of its work since its organization, July 2, 1890. Number of patients treated, 780. 709 persons were bitten by dogs, 29 by cats, 26 by horses, 7 by skunks, 5 by wolves, 2 by cows, 1 by calf, 1 by rat, 1 by mule, 1 by pig and 3 by hydrophobic individuals. 268 were persons who had been bitten by animals known positively to have been rabid, 358 were bitten by animals recognized as rabid by their symptoms, and 161 were bitten by animals strongly suspected as infected with rabies. Three deaths are reported, a mortality of 0.38 per cent. Before the Pasteur treatment the mortality was 88 per cent. for bites of the face, 67 per cent. for bites of the hands, and 30 per cent. for bites in other portions of the body. Of the number treated 377 persons suffered from severe and multiple bites on hands and wrists, 92 on head and face, 110 on arms, 173 on legs and thighs and 28 on trunk. The report is certainly a very gratifying one for the Institute and an excellent testimonial to the eminent scientist who established this mode of treatment.

PERSONAL.

Dr. Walker, M.D., Bishop's, 1895, of Menomee, Mich., has recently married—a sign that hs is meeting with good success—which we are informed is the fact. We also hear that he proposes in the near future to devote himself to the eye, ear, nose and throat.

Dr. Addison, M.D., Bishop's, 1896, has ever since his graduation been practising in Marinette, Wisconsin. He has met with almost phenomenal success, and proposes in the near future to pay a visit to his old home in Tasmania.

Dr. Fairfield, M.D., Bishop's, 1887, is still at Green Bay, Wisconsin, where his success has been marked. He found his instruction at the Women's hospital of immense advantage to him when he began to practice.

Dr. H. B. Chandler, M.D., Bishop's, 1880, has just been appointed Professor of Ophthalmology at Tafts Medical school, Boston. This medical school has a very large Eastern patronage, and occupies a high position among the medical colleges of the United States. The Faculty have recently paid $180,000 for a lot on the Back Bay, on which it is proposed to erect the finest and best equipped medical building in America.

Dr. Webb, M.D., Bishop's, 1897, has settled in Cambridge, Mass., and has met with success sufficient to determine it as his permanent home.

We had the pleasure recently of having luncheon with Dr. Wolfrid Nelson, C.M., M.D., Bishop's, 1872, at the Astor house, New York, where he has his office and resides. Dr. Nelson is surely drawing around him a good clientele, and is employed by a number of life insurance companies as special medical examiner. Dr. Nelson is one of the leading Canadians in New York, and occupies the position of vice-president of the Canadian society.

Dr, Ford, M.D., Bishop's, 1898, is surgeon of the Elder-Dempster royal mail steamship "Lake Superior," sailing between Montreal and Liverpool.

Book Reviews.

Progressive Medicine. A quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences, edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia, assisted by Charles Adams Holder, M.D., Assistant Demonstrator of Therapeutics in the Jefferson Medical College. Vol. 1, March, 1900. Lea Bros. & Co., Philadelphia and New York.

This volume reaches us promptly on time, and continues to be filled with well made selections on the principal subjects which have received the attention of professional workers during the preceding quarter. A somewhat close scrutiny reveals the fact that the profession is still being deluged with a mass of theoretical pabulum, which, while destroying much that has been considered sound and orthodox, does not replace it with material of a similar kind. The present volume embraces the Surgery of the Head, Neck and Chest, which has been collated by such a well known man as Dr. J. C. Da Costa; Infectious Diseases, including Acute Rheumatism, Croupous Pneumonia and Influenza, by Dr. Packard. The Diseases of Children have shown up well under the direction of Dr. Blackader, of Montreal; Pathology, by Dr. Hektven; Laryngology, by Dr. A. Logan Turner, and Otology, by Dr. Randolph.

The style in which this work is being produced is deserving of special acknowledgment. The type is of good size, causing no straining of the eye, and the paper is beautifully white and clear, and entire absence of gloss. It is handsomely bound, and makes an elegant addition to any library. F. W. C.

Injuries to the Eye in their Medico-Legal Aspect. By S. Baudry, M.D. Professor in the Faculty of Medicine, University of Lille, France, etc. Translated from the original by Alfred James Ostheimer, Jr., M.D., of Philadelphia, Pa. Revised and edited by Charles A. Oliver, A.M., M.D., Attending Surgeon to the Wills Eye Hospital; Ophthalmic Surgeon to the Philadelphia Hospital; Member of the American and French Ophthalmological Societies, etc. With an adaptation of the Medico-Legal Chapter to the Courts of the United States of America, by Charles Sinkler, Esq., Member of the Philadelphia Bar. 5⅝ x 7⅞ inches. Pages, x–161. Extra cloth, $1, net. The F. A. Davis Co., publishers, 1914-16 Cherry street, Philadelphia, Pa.

This book comes to us most opportunely in these days when Mutual Benefit Societies are so numerous and insurance against accidental injury either in such societies or in the regular insurance companies is the rule among that part of the population engaged in industrial pursuits. Cases of persons so insured claiming in-

demnity for accidental injuries to the eye are constantly being brought to the oculist for a decision as to the duration of the resulting disability, the gravity of the injury, its effect on the wage-earning power of the insured, etc., etc. Dr. Baudry's book gives us in a clear and compact form what is known with regard to diagnosis and prognosis of such injuries, with an excellent chapter on the best means of detecting simulation.

A full bibliography, and numerous illustrative cases taken from the author's practice, add to the value and interest of the book.

The general principles laid down in the chapter devoted to medico-legal evidence apply everywhere, although legal procedure in this province differs largely from that of other countries.

G. W. M.

Essentials of Surgery, arranged in the form of Questions and Answers, by Edward Martin, A.M., M.D., Clinical Professor of Genito-urinary Diseases in the University of Pennsylvania. Seventh edition, revised and enlarged. Publishers, W. B. Saunders, Philadelphia. Price, cloth, $1.

This little book is very cleverly prepared, and is most concise and to the point. While it is too brief for the student, who is in the habit of making a thorough study of his subject, yet as a rapid reference for some half-forgotten point or a hurried review of a subject it is certainly excellent. It is very complete on all the branches of surgery, and the chapter on bandaging is nicely illustrated. The other illustrations throughout the book are appropriate. An appendix of receipts and antiseptic methods of preparing ligatures, dressings, etc., is very well arranged, and contains many useful hints.

G. F.

Diseases of the Throat and Nose. By J. Price Brown, M.B., etc., of Toronto. F. A. Davis Co., publishers, Philadelphia.

This important book has been prepared particularly for the assistance and guidance of practitioners who cannot send all their patients to the specialist of acknowledged skill. There are many, in fact the great majority of patients with ailments in the region of throat and nose who are too poor to pay more than a small fee, hence the author aims at aiding the practitioner to better understand and treat such special work. There is omitted such subjects as are treated fully in the more classical specialists' text-book, as the descriptive anatomy of the parts, and this is only touched upon so far as it relates to the practical treatment of diseases of these organs.

The book is restricted within certain lines because of the desire to enter—as fully as space would permit—into the many questions within its range, and to do so in accordance with the most recent scientific investigations, bringing the record down to the immediate present. The metrical system, which we must all adopt sooner or later, has been adopted.

The book is very freely illustrated with clear plates, the colored and Indian ink illustrations deserving special mention. Altogether we regard the production as a worthy addition to the many volumes already presented to the medical public on this subject.

G. T. R.

The Anatomy of the Brain. A text-book for medical students, by Richard H. Whitehead, M.D., Professor of Anatomy in the University of N. Carolina. Illustrated with 41 engravings ; 96 pages. Cloth, $1.00. Publishers, The F. A. Davis Co., Philadelphia.

This work is suitable for students of Brain Anatomy, being clear, concise and untrammeled with those subjects which are still matters of controversy. The first chapter considers the embryology of the nervous system, thus explaining the origin of the five parts of the encephalon. The text is very brief in describing the various anatomal structures throughout, and does not supplement the bare anatomical facts by comparative descriptions or physiological functions so valuable in aiding the student to assimilate this difficult subject.

We are pleased to note that the Latin terms adopted by the German Anatomical Society have been inserted parenthetically after the name commonly used in this country.

G. F.

A Dictionary of Terms Used in Medicine and the Collateral Sciences. By Richard D. Hoblyn, M.A., Oxon. Thirteenth edition, revised thoroughly, with numerous additions by John A. Price, B.A.,M.D., Oxon, late Physician to the Royal Hospital for Children and Women. Lea Brothers, & Co., Philadelphia and New York, 1900.

This is a volume of almost nine hundred pages, printed in easily-read type, and is fully up to date, embracing practically all, or nearly all, the terms relating to Bacteriology. This last has been materially added to since the publication of the last edition. It is got up in very convenient size, and the fact that it has gone through twelve editions is an evidence that the medical profession has found it meets their wants.

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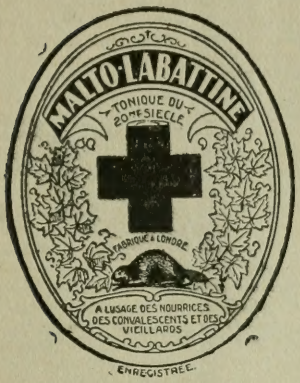

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